

BURGH OF MOTHERWELL AND WISHAW

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**ANNUAL REPORT**

of the

MEDICAL OFFICER OF HEALTH

for the year, 1960

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To the Department of Health for Scotland, The Provost, Magistrates and Councillors  
of the Burgh of Motherwell and Wishaw.

Gentlemen,

I have pleasure in submitting my annual report on the health of the Burgh and the work of the Health Department during the year 1960.

For the second year no cases of poliomyelitis occurred in the Burgh. There were no outbreaks of food poisoning and it was another successful year in the steady fall in incidence and mortality from pulmonary tuberculosis.

Child welfare clinic services were expanded by the opening of a clinic in the North Forgewood Community Centre.

Dental services to expectant and nursing mothers and pre-school children were also expanded by the employment of a second Dental Officer.

The perinatal death rate, which represents the wastage of life in still-births and deaths in infants up to 7 days of age, presents a challenge to the maternity services of the Burgh. In the first place it has been apparent for a number of years that the perinatal death rate has shown little improvement though it must be borne in mind that the real causes of death or stillbirth in many cases are unknown and therefore not preventable. Secondly those which are preventable can only be prevented by effective and co-ordinated use of the maternity services available and by further education of mothers during the ante-natal period. It is therefore of interest to record that during 1960 steps were taken in the Burgh to meet this challenge in two ways. In the body of the report is described an attempt to integrate the Burgh ante-natal services provided by the General Medical Practitioner, the Hospital and Local Health Authority Staffs in a co-ordinated scheme which will operate from January 1961.

There is also described the successful attempt which has been made to extend the Town Council's Health Visiting Service over the past 6 years.

I should like to thank members of the Town Council and in particular members of the Health Committee for their encouraging support during the year. I am also indebted to the officials of other Departments and members of the staff of the Health Department for their constant co-operation and assistance.

I am,

Your obedient servant,

WILLIAM C. YOUNG,

Medical Officer of Health

Health Department,  
49 Airbles Road,  
Motherwell.

HEALTH DEPARTMENT STAFF

Medical Officer of Health

William C. Young, M.B., Ch.B., D.P.H., D.P.A.

Depute Medical Officer of Health

John Hamilton, L.R.C.P. & S., D.P.H.

Senior Dental Officer

Thomas G.L. Bell, L.D.S., R.F.P.S.

Dental Officer

Thomas T. Meek, L.D.S., R.F.P.S.

Superintendent of Health Visitors Home Nurses and Supervisor of Midwives

Margaret B. MacIntyre, R.G.N., S.C.M., H.V., Q.I.D.N.

Assistant Superintendent of Health Visitors and Home Nurses

Mary I. Whyte, R.G.N., S.C.M., H.V., Q.I.D.N.

Health Visitors

Catherine Anderson  
Jessie Brown  
Jeanie Freel  
Elizabeth Graham  
Mary McCue  
Martha Reid  
Ann Prentice

Catherine Stevenson  
Helen Herbert  
Clara Lamb  
Ann McGregor  
Patricia Quin  
Margaret Watters

Home Nurses

Elizabeth Helling  
Jessie Drew  
Mary Gibson  
Marjory Johnstone  
Janet Herron

Catherine Campbell  
Margaret Dunn  
Margaret Greenshields  
Jean McLaughlin  
Margaret Maguire

Clinic Nursing Staff

Assistant Superintendent of Clinics	...	...	...	...	...
Sister	...	...	...	...	...
Staff Nurse	...	...	...	...	...
Staff Nurse	...	...	...	...	...
Probationer	...	...	...	...	...

Elizabeth Young  
Agnes Rintoul  
Robina Hepburn  
Mary Murray  
Patricia Kerr





Clinics — Child Welfare Centre, Airbles Road, Motherwell.

Ante-natal	Mondays and Fridays at 8.45 a.m.
Artificial Sunlight	By arrangement
Chest Clinic	Mondays and Tuesdays at 2 p.m.
Child Welfare	Mondays and Thursdays at 2.30 p.m.
Dental	Mondays and Fridays 9 a.m. (Inspection of new cases) Otherwise Daily by Appointment
Ear, Nose and Throat	Tuesdays at 11 a.m. (By Appointment)
Immunisation	Fridays at 2.30 p.m.
Midwives Sessions	Tuesdays 3.30 p.m. and Wednesdays 2.30 p.m.
Poliomyelitis Vaccination	By arrangement
Post-natal and Gynaecological	Wednesdays at 2 p.m.
Tuberculosis Contact and B.C.G. Clinic	Mondays and Thursdays at 10 a.m.
X-ray	Wednesdays at 2 p.m. Fridays at 9.30 a.m. and 2 p.m.
Health Visitor Mothercraft Class	Tuesdays 2.30 p.m.

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General Medical Practitioner/Midwife Ante-natal and Post-natal Clinics

Drs. J.P. McMillan  
Marie McMillan &  
J. Patrick McMillan

Tuesdays 2 - 3.30 p.m.

Drs. J.S. Bell, J.S. Chapman,  
H. Simpson, J.M. Bell Jr.,  
& J.R. Thomson

Thursdays 2 - 5 p.m.

Drs. W. Wilkie, W. Allan,  
& F. Allan

Fridays 2 - 5 p.m.

Drs. K. Cameron, C. Macdonald,  
& T. Blair

Fridays 2 - 5 p.m.

## Forgewood Clinic – Community Centre

## Child Welfare

Mondays 2 - 4.30 p.m.

## Immunisation and Vaccination

## Distribution of Welfare Foods

Wednesdays 2 – 4.30 p.m.

**Clinics – Child Welfare Centre, Stewarton Street, Wishaw.**

## Ante-natal

**Mondays 1 p.m. and Thursdays 8.45 a.m.**

## Artificial Sunlight

By arrangement

## Child Welfare

Tuesdays and Fridays at 2.30 p.m.

Dental

Mondays 2 p.m. and Thursdays 9 a.m.  
(Inspection of New Cases)  
Otherwise Daily by Appointment

## Immunisation

Wednesdays at 2.30 p.m.

## Midwives Sessions

Tuesdays 2.30 p.m. – 3.30 p.m.

## Poliomyelitis Vaccination

By arrangement

## Post-natal and Gynaecological

Thursdays 1.30 p.m.

### Health Visitor Mothercraft Class

Wednesdays 2.30 p.m.

General Medical Practitioner/Midwife Ante-natal and Post-natal Clinics

Dr. W. Wood

Thursdays 2 - 3.30 p.m.

Drs. J.S. Bell, J.S. Chapman,  
H. Simpson, J.M. Bell Jnr.,  
& J.R. Thomson

Fridays 2 - 3.30 p.m.

Drs. J.P. McMillan,  
Marie McMillan &  
J. Patrick McMillan

Fridays 3.30 - 5 p.m.

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SUMMARY OF VITAL STATISTICS  
FOR THE YEAR 1960

Population (Registrar General's Estimate)	73,285
Number of live births (Corrected)	1,517
Birth rate per thousand of the population	20.7
Illegitimate birth rate per 100 live births	2.2
Number of deaths (Corrected)	840
Death rate per 1,000 of the population	11.5
Death rate adjusted for age and sex distribution	13.3
Number of deaths of infants under one year	47
Infant mortality rate (per thousand live births)	31
Neonatal mortality rate (per thousand live births)	20
Total number of still-births	24
Still-birth rate per 1,000 total births	16
Number of deaths from all forms of tuberculosis	6
Death rate from all forms of tuberculosis (per 1,000 of population)	0.08
Number of deaths from pulmonary tuberculosis	5
Death rate from pulmonary tuberculosis ( per 1,000 of population)	0.07
Number of deaths from malignant disease	161
Death rate from malignant disease (per thousand of the population)	2.2
Deaths from accidents in the home	12



## GENERAL COMMENTS

### Population

The estimated population rose from the middle of 1959 by 552 to 73,285 in the middle of 1960.

### Births

There were 1,517 births during 1960 which is 36 more than in the previous year. The birth rate is therefore 20.7 per 1,000 of the population.

### Marriages

There was a further fall in the marriage rate to 7.6 per 1,000 of the population. This is the lowest marriage rate since 1944.

### Deaths

There were 26 more deaths in 1960 than in 1959, giving a death rate of 11.5 per 1,000 of the population.

### Lung Cancer

Deaths from lung cancer continue to rise as shown by the following figures:—

<u>Year</u>	<u>Deaths in Males</u>	<u>Deaths in Females</u>	<u>Total</u>
1956	19	1	20
1957	18	1	19
1958	16	1	17
1959	25	5	30
1960	27	—	27

These figures are a challenge to greater action in cleaning the atmosphere of the Burgh. Progress in this respect is slow though by 1962 at least 2 smoke control areas under the Clean Air Act should be in operation.

### Tuberculosis

The number of deaths from pulmonary tuberculosis fell still further in 1960. There were 5 in all, 4 of which were in males. The number of new cases of pulmonary tuberculosis fell by approximately 50% to 36 in 1960.

### Infant Deaths and Stillbirths

There was 1 less infant death during 1960 as compared with 1959, giving an infant death rate of 31 per 1,000 live births. There were 3 fewer still births giving a still birth rate of 16 per 1,000 total births for the year.

### Infectious Diseases 1960

The incidence of notifiable infectious disease was low during the year and no outbreak falls to be reported.

Only 1 death occurred during the year from the principle epidemic diseases being the result of influenza.

During 1960, 28 cases of meningitis were brought to the notice of the Health Department. Of these 3 were shown to be due to meningococcal infection and 1 to pneumococcal infection. 24 cases were originally diagnosed as being lymphocytic meningitis, but from information provided by the Medical Superintendent of Strathclyde Hospital an analysis of these 24 cases shows that 12 had a positive complement fixation test for mumps virus, 3 had a positive stool culture for ECHO 9 type virus, 1 had a positive stool culture for ECHO 7 type virus, 1 had a complement fixation test for herpes virus while 1 gave a positive complement fixation test for both mumps and ECHO 9 type viruses. In 6 cases the laboratory findings were negative and they were classified simply as lymphocytic meningitis.

### Food Poisoning

Only 4 cases of food poisoning were notified during the year 1960. All were salmonella infections and the cases were sporadic, being apparently unrelated to each other. Measures taken to enforce the Food Hygiene (Scotland) Regulations are recorded in the annual report of the Chief Sanitary Inspector.

### Venereal Diseases

Consideration was given during the year to D.H.S. Circular No. 64/1960 concerning venereal disease and the increased incidence of gonorrhoea in the past 5 years. No increase in gonorrhoea was apparent at that time from the numbers attending the local venereal disease treatment centres. Since then, however, the return of new cases in 1960 has become available and shows an increase in the incidence of gonorrhoea in the order of 70%, though it must be borne in mind that the total number of cases being considered is small. New cases of gonorrhoea reporting for treatment over the past 6 years are as follows:-

<u>Year</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
1955	10	3	13
1956	6	6	12
1957	3	4	7
1958	9	3	12
1959	7	3	10
1960	11	6	17

During the year, firms within the Burgh were asked to display a poster drawing the attention of infected persons to the need for early and effective treatment. This will be followed up by a second poster early in 1961.

### Co-ordinated Maternity Services

Early in the year consideration was given by the Town Council to D.H.S. Circular No. 97/1959 and the Montgomery Report on Maternity Services in Scotland. It was apparent that one of the most urgent needs of the maternity service of the Burgh was to co-ordinate into a single maternity scheme all the individual services provided by the general medical practitioner, the domiciliary midwife, the hospital staff, the health visitor and the Town Council Clinic staff.

A fully co-ordinated scheme was prepared through the joint efforts of a representative of the general medical practitioners of the Burgh, the Obstetrician and the Medical Officer of Health. This was presented to a meeting of general medical practitioners in the month of May when approximately 50% of their total number agreed to take part in the scheme. The last 6 months of the year were used to plan the details and in particular the common record to be used by all participating.

The new scheme was planned to commence in January 1961 and, although this report is for the year 1960, at the time of writing the scheme has been in operation for 3 months. It is gratifying to report that so far it has functioned smoothly and to the satisfaction of all concerned. Its importance to the future maternity services of the Burgh is such that it has been felt worth while to describe the scheme in detail on page 15. The main features are, however, referred to here.

Groups of general medical practitioners along with 2 midwives and a health visitor provide ante-natal and post-natal consultation as a team in the Town Council's two clinic centres in Motherwell and Wishaw. Each expectant mother is referred in the first instance to her general practitioner's clinic where full routine ante-natal and post-natal care is provided throughout the pregnancy. In addition routine ante-natal consultation is provided at stated times by the obstetrician who also conducts ante-natal and post-natal sessions in both Town Council clinic centres. In the normal case this involves 3 consultations with the obstetrician but additional consultations may be arranged whenever necessary. A common record is in use for the ante-natal and post-natal care given by the general medical practitioner, midwife, health visitor and obstetrician. The record of parturition and puerperium used by the midwife in a domiciliary confinement is similar to that used by the maternity hospital staff in a hospital confinement.

The principle is therefore established that, for expectant mothers cared for under the scheme, routine ante-natal and post-natal care is carried out by the woman's own doctor while at the same time routine advice from the obstetrician is given in all cases. The domiciliary midwife is closely associated with the general medical



practitioners in the ante-natal care of those patients of his whom they will deliver in their homes. All expectant mothers cared for under the scheme have available to them the Local Authority's services of mothercraft instruction, dental inspection and treatment.

Since 50% of general medical practitioners have co-operated in the new arrangements about half of the expectant mothers will be looked after in this way during 1961. The other half will continue, as in the past, to engage a general medical practitioner and midwife or obstetrician depending on their choice of home or hospital confinement. In the past, two thirds of all expectant mothers engaged the obstetrician direct, while one third engaged the family doctor and domiciliary midwife, the main weakness of this 'scheme' being the lack of any planned interchange of consultation.

It is hoped that during 1961 examination of perinatal deaths (i.e. stillbirths and infant deaths in the first 7 days of life) arising from scheme patients may be made in consultation with the general medical practitioner and obstetrician with a view to establishing any appropriate improvements in routine ante-natal care for the future.

#### Child Welfare Clinic

A Child Welfare Clinic was opened in the new Community Centre in North Forge-wood during the year. This is a re-development area of flats, with a large infant population, which is about 2 miles from the Motherwell Child Welfare Centre in Airbles Road. One session per week, with a doctor and health visitor in attendance, has been held there since September 1960. In addition to normal child welfare consultation, immunisation, vaccination and a welfare foods service are also provided. The average attendance during the last 4 months of 1960 was 33 per session. This is an indication of the need for child welfare facilities in the newly developed peripheral areas of the Burgh.

#### Midwifery Staff

Three midwives retired during 1960, but the full establishment of 9 midwives was maintained during the year. Travelling allowance was introduced during 1960 for those midwives using their own cars on Town Council duties.

#### Health Visiting Service

Until the year 1954 it was the practice in the Burgh for one nurse to carry out the duties of health visitor and home nurse in each of the nursing districts of the Burgh. It was felt at that time that many of the nurses were more concerned in home nursing than health visiting, and, in evidence of this, only 3 of the 20 nurses employed at that time had health visiting certificates. In 1954, therefore, the employment of full time health visitors was begun and in the 6 years since then every effort has been made to improve the health visiting service. At the time of writing, out of an authorised establishment of 20, there are now 18 full time certificated health visitors working under the supervision of a Superintendent and Assistant Superintendent of nurses. In spite of a shortage of available health visitors it is gratifying to report a steady building up of a service which should be of vital importance to the work of the Health Department in future years.

### Domestic Help Service

The number of part time domestic helps employed at the end of the year was 78 which is 13 more than at the end of 1959. This increase was necessitated by an increased demand for the service on the part of aged and infirm persons.

The total number of cases provided with a domestic help rose from 196 in 1959 to 276 in 1960. The average number of householders served by each domestic help therefore rose from 3 in 1959 to 3.5 in 1960. It is therefore evident that every effort is made on the part of the Supervisor of Domestic Helps to utilise the number of helps to the best advantage.

### Priority Dental Service

With the appointment of a second dental officer in December 1959 the priority dental service for expectant and nursing mothers and pre-school children was expanded in 1960 to provide a full time service in both Town Council dental clinics. With the establishment of the general practitioner/midwife ante-natal clinics in the new co-ordinated maternity services scheme, it is to be expected that more expectant and nursing mothers will attend the clinics for ante-natal care. Routine dental inspection will be extended to them and therefore dental work on this priority group is likely to increase still more.

It has already been expressed in an earlier report that, as the number of mothers receiving dental care increases, so the number of pre-school children attending the dental clinic rises. This has been the experience of the past few years in the Burgh. During the year 1960 there was a 50% increase in the number of children attending for dental care. The Town Council's dental service has now become an important part of the care provided for mothers and young children up to the age of 5 years. It is unfortunate that under the present administrative arrangements the same dental care does not extend into the life of the school child.

### Immunisation and Vaccination

The numbers immunised against diphtheria and whooping cough and the numbers vaccinated against smallpox and tuberculosis all showed a substantial increase over the numbers for 1959.

### Home Accidents

Home accidents continued to be investigated by health visitors, which adds to the knowledge and advice which they can impart during domiciliary visiting and the conducting of clinics. Publicity in the form of posters was also carried out throughout the year. No voluntary home safety committee has been established in the Burgh.

### Mental Health

The running of the senior training centre for mentally handicapped persons continued to be carried out by the Local Voluntary Association for Mental Health. The

staff of the centre consisted of an instructor, an assistant instructor and a part time driver. The cost of transport and the provision of meals continued to be met by the Association, the remainder of the cost being met by the Town Council. When the centre was opened in February 1960 there were 5 pupils. This number has increased steadily throughout the year and by the end of December there were 36 pupils in attendance.

Only 13 mentally ill persons and one mental defective were compulsorily certified under the Lunacy and Mental Deficiency Acts during 1960.

#### Detection of Phenylketonuria

During the year routine testing of all infants for phenylpyruvic acid in the urine was begun.

The mass screening for phenylketonuria, as a step in the prevention of one form of mental deficiency was made part of the health visitor's routine examination. The urine is tested on the occasion of the health visitor's first domiciliary visit and is repeated when the infant is 4 - 6 weeks old.

#### Relative costs of individual health services

Examination of the relative costs of the health services provided by the Health Department gives an indication of the present balance of services. The percentage costs are approximately as follows:-

Provision of Clinics	
(including dental clinics)	26%
Health Visiting Service	16%
Domestic Help Service	15%
Home Nursing Service	14%
Domiciliary Midwifery	13%
Mental Health Service	8%
Vaccination and Immunisation	6%
Tuberculosis	2%

Looked at in this way the services appear to be well balanced with about 60% directed to the care of mothers and young children (clinics, health visiting, domiciliary midwifery and immunisation and vaccination) and approximately 30% directed to the care of old persons (domestic help and home nursing services).



# CARE OF MOTHERS AND YOUNG CHILDREN

Ante-natal Clinic – The following table summarises attendances at the Ante-natal Clinic since 1951 –

<u>Year</u>	<u>New Cases</u>	<u>Attendances</u>
1951	734	5,676
1952	839	7,171
1953	793	7,397
1954	798	7,232
1955	843	7,167
1956	953	7,873
1957	987	8,581
1958	882	7,637
1959	868	8,497
1960	866	8,816

Post-natal Clinic – The following table summarises the attendance at the Post-natal Clinic since 1951 –

<u>Year</u>	<u>New Cases</u>	<u>Attendances</u>
1951	495	1,062
1952	653	1,467
1953	654	1,374
1954	666	1,269
1955	640	1,098
1956	722	1,264
1957	705	1,149
1958	800	1,245
1959	726	1,122
1960	781	1,180

Child Welfare Clinic – The following table summarises the attendance at the Child Welfare Clinic since 1951 –

<u>Year</u>	<u>New Cases</u>	<u>Attendances</u>
1951	459	6,362
1952	540	6,867
1953	750	6,322
1954	712	6,257
1955	855	4,964
1956	973	6,646
1957	1,425	7,566
1958	1,897	7,889
1959	1,997	7,628
1960	2,225	8,608

## CO-ORDINATED MATERNITY SERVICES SCHEME

### Scheme

The following is the presentation of the scheme as it was made to a meeting of general medical practitioners of the Burgh in May, 1960, as a result of which 50% agreed to participate. The scheme is due to commence on 9th January, 1961.

#### A. Present Arrangements

Expectant mothers in Motherwell and Wishaw fall into two main categories:-

1. Those electing to have domiciliary confinement with supervision from a general practitioner and Town Council midwife.
2. Those electing to have hospital confinement under the supervision of the specialist Ante-Natal Clinic and Motherwell Maternity Hospital

There is in addition a small number who choose confinement at Beckford Lodge, Bellshill Maternity Hospital or a Glasgow Nursing Home.

In 1959, 504 mothers (38%) were confined at home and 812 mothers (62%) were confined in hospital.

#### B. Disadvantages of Present Arrangements

The great weakness in the present system is that all facilities are not made available to each mother - the mother being confined in hospital having no routine attention from the general medical practitioner and the mother having her baby at home receiving no routine specialist advice.

Most general practitioners would agree that midwifery is the basis of family practice and that it is undesirable that 812 patients should go through pregnancy, labour and the post-natal period without any association with the family doctor. It is also very desirable that every mother should have consultation with a specialist at some time during her pregnancy. A third disadvantage is that the present system does not bring all expectant and nursing mothers within the reach of the local health authority services such as dental inspection and mothercraft instruction.

#### C. Co-ordination of the Present Services

One of the main recommendations of the Montgomery Report on Maternity Services in Scotland is that the general medical practitioner should be the co-ordinator of the Maternity Services. He should have the responsibility of securing that all Maternity Services are available to each expectant mother. Paragraph 119 of the Montgomery Report reads 'As it seems to us that much of the confusion in the maternity services is related to the many choices provided and the risk of lack of continuity of medical

care, we think that a primary requirement is that one person should be regarded as the co-ordinator. We believe this should be the general medical practitioner".

A second recommendation of the Report is that the facilities of Local Health Authority clinic premises and the services of their staffs should be utilised both by hospital staffs and the general medical practitioner obstetrician who would be enabled to take advantage for their patients, of the facilities available in these clinics including those for ante-natal instruction, the teaching of mothercraft, health education; priority dental services and the provision of welfare foods.

No one appears to have any responsibility or authority to initiate a co-ordinated scheme which would implement these recommendations but it would be in keeping with the Montgomery Report for all concerned in the local maternity services to consider the best means of co-ordinating the present maternity services. Initiative has been taken in this matter in view of Department of Health Circular No. 97 of 1959, which requests Local Health Authorities for their part to consider how best to implement the recommendations of the Montgomery Report.

#### D. The Aim of the Proposed Scheme

The aim should be to regard the maternity services in the Burgh as a single service by ensuring that the facilities afforded by the general medical practitioner, the hospital services and the Local Health Authority Services should be used by each mother. Paragraph 114 of the Montgomery Report reads "The aim of all our recommendations has been to secure that the mother, the midwife, the general practitioner, the local health authority clinic and the hospital staffs should all regard the maternity services as a single service, designed to afford the mother all the facilities necessary for her medical care and supervision, as well as for instruction in parentcraft and general health guidance. We think this can best be secured through good relationships between the people concerned with the day-to-day running of the various parts of the service. We know that in many areas this has been in fact achieved and we would hesitate to make any recommendations which would disturb existing arrangements which have already brought about a substantial measure of co-operation and co-ordination. In other areas, however, it is clear that there is room for bringing into closer harmony the activities of those who are, in their respective spheres, making their contribution to the maternity service."

#### E. Principles upon which proposed Scheme is Based

1. That the routine ante-natal and post-natal care of expectant mothers should be carried out, with few exceptions by the woman's own doctor.
2. That specialist advice should be given in all cases.
3. That the domiciliary midwives should be closely associated with the general practitioner in the ante-natal care of those patients of his whom they will deliver in their homes.



4. That all expectant mothers should have immediately available to them the local authority services of mothercraft instruction and dental inspection.

F. Framework of Proposed Scheme

1. It is proposed that the ante-natal clinics in their present form which are conducted by the specialist obstetrician and which are attended by all women being confined in the maternity hospital, and the midwives clinics, will be replaced by general practitioner/midwife clinics and a specialist ante-natal clinic.
2. Accommodation for general practitioner/midwife clinics can be made available at the Motherwell and Wishaw Clinic centres from 2 p.m. - 5 p.m. on Monday, Tuesday, Thursday and Friday afternoons, where the general practitioners would have adequately equipped examination rooms and the assistance of midwife and health visitor.
3. It is envisaged that the general practitioners would form groups of 3, 4 or 5, that 2 midwives and a health visitor would be allocated to each group, and that each member of the group would be given a specific time for the examination of his patients.
4. On diagnosing a patient's pregnancy, the general practitioner would direct her to attend his ante-natal clinic at the centre. If the patient presented herself at the clinic centre or consulted a midwife, she would be directed to attend the next clinic of the general practitioner/midwife.
5. Normal ante-natal care would consist of:-
  - (a) Routine ante-natal care by the general practitioner as follows:-

An initial examination by the general practitioner obstetrician at which full medical examination including blood examination would be carried out. Examination thereafter at monthly intervals until 32nd week. Examination thereafter at fortnightly intervals until the 36th week in primigravidae and 38th week in multiparae and weekly thereafter.
  - (b) Specialist examination as follows:-

Specialist examination in all cases one week after the initial examination by the general practitioner obstetrician.

Specialist examination in all cases at the 28th week.

Specialist examination of primigravidae at the 36th week.

Specialist examination of multiparae at the 38th week.

Additional specialist consultations could be arranged by the general practitioner obstetrician when necessary.
6. Following ante-natal consultation in the specialist clinic, the specialist will normally advise any woman suffering from pre-existing disease (e.g. cardiac, diabetic, tuberculous) or condition likely to complicate

labour, to continue attendance at the specialist clinic and have her confinement in hospital. (The specialist does not anticipate that this number will be large). All other women whether to be confined in hospital, or at home, would attend the general practitioner/midwife ante-natal clinic. In deciding the place of confinement of the normal case, consideration will be given firstly to domestic circumstances and secondly to the patient's choice.

#### 7. Post-Natal Care

Arrangements could be made for post-natal care to be carried out by the general practitioner obstetricians at their ante-natal clinic.

Normal post-natal care would consist of :-

(a) One routine post-natal examination by the general practitioner at the 4th week.

(b) One specialist post-natal examination at the 6th week in primigravidae.

#### 8. Records

It is proposed to have one record only for each patient on which results of all examinations by general practitioner/midwife/consultant will be recorded, so that all information about a particular patient will be immediately available.

### G. Advantages of the Proposed Scheme

#### 1. Advantages to the Expectant Mother

Every expectant mother would have contact with her own doctor - particularly those without obstetrical or medical abnormality. Every mother would receive specialist attention and would have easy access to the Local Authority dental service and mothercraft instruction.

#### 2. Advantages to the General Practitioner

The general practitioner would be associated with all expectant mothers on his list instead of about one third as at present. If clinic facilities were accepted for ante-natal and post-natal consultation, these would be conducted in optimum conditions and with improved nursing and clerical assistance. The general medical practitioner would have increased contact and exchange of information with the consultant which should maintain a high standard of obstetric practice. There would be increased remuneration from obstetric practice.



3. Advantages to Midwife

By improved contact with the family doctor through common consultation she would have better knowledge of the obstetrical and medical condition of her patients.

4. Advantages to the Consultant

Ante-natal consultations with all expectant mothers would lead to earlier detection of abnormalities. Closer liaison with the general practitioner would enable him to encourage improved obstetric practice.

5. Advantages to the Medical Officer of Health

The proposed scheme would bring all expectant and nursing mothers within the reach of Local Authority Services such as dental inspection and mothercraft instruction. The scheme should also maintain a higher practice of midwifery among the Town Council midwives.

6. General Advantages

The scheme should lead to a lessening of maternal mortality and morbidity and peri-natal and infant mortality rates.

## STILL BIRTHS AND INFANT DEATHS

### Perinatal Death Rate

There were 30 deaths during the first week of life. This combined with the 24 still births gives a total of 54 perinatal deaths and a perinatal death rate of 35 per thousand total births.

### Still Births

During the year 1960 there were 24 still births — three less than in the previous year. The still birth rate per thousand total births is 16.

The causes this year were:—

#### Maternal

Accidental Haemorrhage	3	
Ante-natal Asphyxia	3	
Placental insufficiency	1	
Pre-eclamptic Toxaemia	1	
Hydramnios	1	
Prematurity	2	
Post Maturity	1	
Rh Negative with antibodies	1	13

#### Hazards of Birth

Cord condition	2	2
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#### Foetal Abnormalities

Anencephaly	4	
Hydrocephaly	1	5

#### Ill-defined

Intra-uterine	4	4
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Total 24

### Infant Deaths

During 1960 there were 47 deaths of infants under the age of one year, which is one less than in 1959.

The infant mortality rate per thousand live births is 31, which is a decrease of one per thousand over the previous year.

The number of infant deaths occurring within the first twenty-eight days of life was 31 (65.9%) giving a neo-natal death rate of 20 per thousand live births.

The number of infant deaths occurring within the first week of life was 30 giving a death rate of 19.8 per thousand live births.

The following table shows the cause of death and the age at death of the 47 infants who died during the year.

	AGE AT DEATH									
	WEEKS					MONTHS				
	0-1	1-2	2-3	3-4	Up to 1 mth.	Over 1 & under 3	3-6	6-9	9-12	Total
Prematurity	18	—	—	—	18	—	—	—	—	18
Congenital Malformation	3	—	—	—	3	1	—	1	—	5
Congenital Heart Disease	3	—	—	—	3	1	1	1	—	6
Respiratory Infection	—	—	1	—	1	—	4	—	—	5
Asphyxia and Atelectasis	1	—	—	—	1	1	1	—	—	3
Gastro Enteritis	—	—	—	—	—	1	—	—	1	2
Haemolytic Disease of New born	2	—	—	—	2	—	—	—	—	2
Haemorrhagic Disease of New born	1	—	—	—	1	—	—	—	—	1
Cerebral Haemorrhage	1	—	—	—	1	—	—	—	—	1
Pyelonephritis	—	—	—	—	—	1	—	—	—	1
Causes ill-defined or unknown	1	—	—	—	1	—	2	—	—	3
Total	30	—	1	—	31	5	8	2	1	47

The following table indicates the number and rate of still births, neo-natal deaths and perinatal deaths during the past 5 years.

	Still Births		Deaths in first week	Deaths in 2nd 3rd and 4th wks	Neonatal Deaths		Perinatal Deaths	
	No.	Rate			No.	Rate	No.	Rate
1956	38	26	26	2	28	19	64	44
1957	34	22	29	6	35	23	63	42
1958	27	17	24	2	26	17	51	33
1959	27	18	28	3	31	21	55	37
1960	24	16	30	1	31	20	54	35

## DENTAL CARE

The following table summarises the work done:-

	<u>Expectant Mothers</u>	<u>Nursing Mothers</u>	<u>Pre-school Children</u>
Number inspected by Dental Officers	729	310	415
Number found to require treatment	690	309	342
Number accepting treatment	440	302	315
Number actually treated by Dental Officers	419	286	303

A summary by the Senior Dental Officer on the operation of the dental scheme is to be found at the end of the report.

## WELFARE FOODS

During the year 1960 the uptake of Welfare Foods was as follows:-

National Dried Milk	22,312 Tins
Orange Juice	33,053 Bottles
Cod Liver Oil	7,676 Bottles
Vitamin Tablets	3,253 Packets

## MIDWIFERY

Nine full-time midwives were employed during the year 1960.

### Notification of Births

The number of live births notified as occurring within the Burgh (including illegitimate) was 1,252 and the number of still-births was 18 giving a total of 1,270 births within the Burgh.

Total number of births occurring in institutions	850
Total number of births occurring at home	420

### Administration of Analgesics

Number of midwives in the area qualified to administer analgesics and employed on local health authority work	9
Number of sets of apparatus in use at 31st December	3
Number of cases in which pethidine was administered by midwives in domiciliary practice:-	
(1) When doctor was not present at delivery -	234
(2) When doctor was present at delivery -	9



## HEALTH VISITING

Thirteen full-time health visitors were employed during the year.

Sixty-two health education talks were given to clubs in the town by health visitors during the year.

The following is a summary of Health Visiting -

### Expectant Mothers

Number visited	1,627
Total visits	6,155

### Children under 1 year

Number visited	3,158
Total visits	17,613

### Children between 1 and 5 years

Number visited	6,576
Total visits	13,519

### Tuberculosis Cases

Number visited	312
Total visits	948

### Other Cases

Number visited	579
Total visits	734

Total visits paid 38,969

## HOME NURSING

No change took place in the number of home nurses employed during 1960.

The following is a summary of home nursing -

	<u>Medical</u>	<u>Surgical</u>	<u>Diabetic</u>	<u>Total</u>
Number visited	824	141	60	1,025
Total visits	28,304	6,903	10,093	45,300

Of the 1,025 cases attended by home nurses during the year 344 were to aged persons and of the 45,300 visits paid, 17,095 were to aged persons. 18,275 visits were for the purpose of giving injections.

VACCINATION AND IMMUNISATION

Vaccination against Smallpox

The following are the statistics for vaccination in respect of the year 1960 —

Number of Primary Vaccinations

Typical vaccinia greatest at 7th — 10th day	914
Accelerated (vaccinoid) reaction	3
Reaction greatest at 2nd — 3rd day	5
No local reaction	60

Number of re-Vaccinations

Typical vaccinia greatest at 7th — 10th day	122
Accelerated (vaccinoid) reaction 5th — 7th day	29
Reaction greatest at 2nd — 3rd day	78
No local reaction	25

Immunisation against Diphtheria

Number of persons completing course	966
Number of maintenance inoculations	345

Poliomyelitis Vaccination

Poliomyelitis vaccination of registered persons continued during the year. In February the scheme was extended to include infants from 6 months and all other persons who have not yet reached their 40th birthday. By the end of the year 17,406 persons had received three injections, 24,177 persons received two injections and 486 persons received one injection.

B.C.G. Vaccination

Details of B.C.G. vaccination of contacts and school leavers is given under the heading of tuberculosis.

## TUBERCULOSIS

### Incidence

During the year 45 notifications of tuberculosis were received. The diagnosis was confirmed in 43 cases. Of these 36 were pulmonary. Classification of confirmed cases according to age group and sex incidence is shown in the statistical tables at the end of the report.

Of the 36 confirmed cases of pulmonary tuberculosis 2 were classified as primary and 34 as post primary. 30 were classified as early acute and 6 as chronic with recent spread. 7 of the pulmonary cases suffered from pleural effusion without parenchymal disease.

Of the 36 pulmonary cases 13 were sputum positive, 12 were sputum negative and sputum was absent in 11 cases.

### All Tuberculosis

There are 656 persons resident in the Burgh of Motherwell and Wishaw who are known to be suffering from tuberculosis at 31st December, 1960. These are classified according to age and sex in the statistical tables at the end of the report.

### Infective Cases

Sputum was examined in 407 cases, tubercle bacilli being present in 45 cases. The number of known infective cases living at home at 31st December, 1960, is 23.

### Deaths

There were 6 deaths from tuberculosis during the year 5 respiratory and 1 non-respiratory. Tables giving particulars of the period elapsing between discharges from an institution and death, and deaths and death rates from tuberculosis since 1931 are given in the statistical tables at the end of the report.

The death rate for 1960 is 0.08 per thousand of the population.

### Contact Investigation and B.C.G. Vaccination

254 contacts, of whom 176 were children under 15 years of age, were traced during the year and were offered x-ray of chest. At special contact sessions also held twice weekly in the Airbles Road Clinic Centre 161 persons were tuberculin tested. The following table shows the result obtained from skin testing of contacts under 15 years of age.

	<u>Tuberculin Tested</u>	<u>Positive</u>	<u>Negative</u>
Under 1 year	31	1	30
1 - 4 years	20	1	19
5 - 9 years	26	1	25
10 - 15 years	84	17	67
	161	20	141

Of the 141 negative reactors 130 were given B.C.G. Vaccination as under. All were successfully converted to tuberculin positive.

Under 1 year	29
1 - 4 years	17
5 - 10 years	22
Over 10 years	62
	<hr/>
	130
New born babies in tuberculosis families	109
	<hr/>
	239
	<hr/>

#### B.C.G. Vaccination in Schools - Session 1959-60

The number of children eligible under the scheme was 1,462. Consent for testing and vaccination was received for 1,196 children. This figure represents 81.8% of the children eligible under the Scheme. All children older than the eligible age group were again offered B.C.G. Vaccination and consent was received for a further 84 children making a grand total of 1,280 children.

Of these 1,280 children 1,164 received a preliminary skin test under the School B.C.G. Scheme, 37 were dealt with under the B.C.G. Contact Scheme and 79 failed to attend.

1,114 children received a preliminary skin test which was read three days later. Of these, 181 were positive (16.2%) and 933 were negative (83.8%). Of these 933 children all were vaccinated with B.C.G. vaccine.

#### Domiciliary Supervision

Cases under supervision	656
Visits by health visitor	948
Cases nursed at home	41
Home nursing visits	1,813

#### Housing of Tuberculous Persons

16 persons were rehoused during the year on the grounds of tuberculosis. They occupied 5.2% of the total houses built. The allocation of houses to tuberculous persons is outwith the Town Council's Pointage Scheme.

#### DOMESTIC HELP SERVICE

During the year 1960, 78 domestic helps were employed. 30 were employed on morning duties only and 48 were employed on morning and afternoon duties. 276 families were given help during the year. The types of cases dealt with were as follows--

Confinements	9
Elderly Infirm Persons, Chronic Sick	267
	<hr/>
	276
	<hr/>



## VENEREAL DISEASES

There are two centres at which clinics are held — at Coathill Hospital, Coatbridge and Oak Lodge, Hamilton.

The following figures are furnished by Dr. Hamilton, Consultant Venereologist, and give an indication of the extent of Venereal Diseases in the Burgh during the year 1960.

The number of patients from the Burgh dealt with during the year, at or in connection with the out-patient department, for the first time is as follows:—

	<u>Male</u>	<u>Female</u>
Syphilis	—	2
Gonorrhoea	11	6
Non-specific Urethritis	10	—
Other Venereal Conditions	6	—
Non-Venereal Conditions	16	13

Total number of attendances of all patients residing in the Burgh —

<u>Male</u>	<u>Female</u>	<u>Total</u>
418	288	706

## HOUSING

305 houses were built during the year.

The following houses were occupied during 1960.

	1	2	3	4	5	6	Spinsters' Houses	Total
Number of new houses occupied	18	—	176	88	—	—	23	305
Number of existing houses re-occupied	21	38	63	27	3	—	—	152
								<u>457</u>

These houses were occupied as follows:—

Number of families dealt with under O.A.P. Scheme	18
Number of families rehoused from unfit houses	176
Number of families removed from overcrowded houses	151
Number of families rehoused because of tuberculosis	16
Number of families decanted	11
Number of families rehoused on medical grounds	30
Number of families rehoused in 1919 Act houses	25
Number of families rehoused on Town Council Instruction	30
	<u>457</u>

## CLINIC ATTENDANCES

### Ante-natal Clinic

The following figures show the new cases and attendances at the ante-natal clinics for the year -

<u>Year</u>	<u>New Cases</u>	<u>Attendances</u>
1960	866	8,816

### Post-natal Clinic

The following figures show the new cases and attendances at the post-natal clinics for the year -

<u>Year</u>	<u>New Cases</u>	<u>Attendances</u>
1960	781	1,180

### Child Welfare Clinic

The following table summarises the work -

<u>Year</u>	<u>New Cases</u>	<u>Attendances</u>
1960	2,225	8,608

### Vaccination and Immunisation in the Clinics

Number of children vaccinated against smallpox during 1960	- 5 90
Number of children immunised against Whooping Cough, Diphtheria and Tetanus	- 705
Number of children immunised against diphtheria alone	- 3
Number of children immunised against diphtheria and whooping cough combined	- 179
Number of children vaccinated against poliomyelitis	- 1,008
Number of children vaccinated with B.C.G. as contacts	- 239

### Dental Clinic

	<u>Inspections</u>	<u>Attendances</u>
Expectant Mothers	729	2,060
Nursing Mothers	310	1,981
Pre-school Children	415	1,115

Number of medical examinations carried out for superannuation purposes - 58

### X-ray Clinic

	<u>Attendances</u>	<u>X-ray Plates</u>
Tuberculosis	1,672	1,720
Pre-school Children	102	106
Others	3,612	3,656

Ear, Nose and Throat Clinic

	<u>Children 0- 5 years</u>	<u>School Children</u>	<u>Total</u>
New Cases	405	393	798
Total Attendances	885	1,036	1,921
Tonsils and Adenoids removed	328	331	659
Examinations etc.			
Nose	—	—	—
Throat	547	626	1,173
Ears	—	—	—

Artificial Sunlight

	<u>New Cases</u>	<u>Attendances</u>
Pre-school Children	4	38
Others	3	18
	<u>7</u>	<u>56</u>

VITAL STATISTICS AND STATISTICAL TABLES

SUMMARY OF VITAL STATISTICS

Population (Registrar General's Estimate)	73,285
Number of live births (Corrected)	1,517
Birth rate per thousand of the population	20.7
Illegitimate birth rate per 100 live births	2.2
Number of deaths (Corrected)	840
Death rate per 1000 of the population	11.5
Death rate adjusted for age and sex distribution	13.3
Number of deaths of infants under one year	47
Infant mortality rate (per thousand live births)	31
Neonatal mortality rate (per thousand live births)	20
Total number of stillbirths	24
Stillbirth rate per thousand total births	16
Number of deaths from all forms of tuberculosis	6
Death rate from all forms of tuberculosis (per 1,000 of population)	0.08
Number of deaths from pulmonary tuberculosis	5
Death rate from pulmonary tuberculosis (per 1,000 of population)	0.07
Number of deaths from malignant disease	161
Death rate from malignant disease (per 1,000 of population)	2.2
Deaths from accidents in the home	12

Deaths

The following table shows the corrected death rate since 1931:--

1931	11.5)		1946	12.3)	
1932	12.5)		1947	12.1)	
1933	12.2)		1948	10.6)	
1934	11.8)		1949	11.2)	
1935	11.5)	11.9	1950	11.5)	11.5
1936	12.4)		1951	11.6)	
1937	12.2)		1952	11.3)	
1938	11.3)		1953	10.4)	
1939	12.7)		1954	11.9)	
1940	13.0)	12.3	1955	11.1)	11.2
1941	11.9)		1956	11.1)	
1942	11.9)		1957	11.1)	
1943	12.2)		1958	10.7)	
1944	12.1)		1959	11.2)	
1945	12.4)	12.1	1960	11.5)	11.1

The various causes of death are indicated in the following table:--



	<u>Under 5</u>	<u>Over 5</u>	<u>Total</u>
Tuberculosis of respiratory system	—	5	5
Tuberculosis, other forms	—	1	1
Malignant neoplasms	1	160	161
Benign and unspecified neoplasms	—	1	1
Diabetes mellitus	—	7	7
Anaemias	—	2	2
Other general diseases	—	2	2
Vascular lesions affecting central nervous system	—	119	119
Non-meningococcal meningitis	1	1	2
Other diseases of nervous system	—	10	10
Rheumatic fever	—	2	2
Chronic rheumatic heart disease	—	13	13
Arteriosclerotic and degenerative heart disease	—	244	244
Other diseases of heart	—	18	18
Hypertensive heart disease	—	16	16
Other hypertensive disease	—	8	8
Other circulatory disease	—	18	18
Influenza	1	—	1
Pneumonia (except of newborn)	6	23	29
Bronchitis	2	36	38
Other respiratory diseases	—	13	13
Ulcer of stomach and duodenum	—	6	6
Appendicitis	—	3	3
Intestinal obstruction and hernia	—	4	4
Diarrhoea (except of newborn)	2	4	6
Cirrhosis of liver	—	3	3
Other diseases of liver	—	5	5
Other digestive diseases	2	—	2
Nephritis and nephrosis	—	3	3
Hyperplasia of prostate	—	3	3
Other diseases of genito-urinary system	1	3	4
Diseases of skin and organs of locomotion	—	4	4
Congenital malformations	12	3	15
Birth injuries, post-natal asphyxia and atelectasis	15	—	15
Other diseases peculiar to early infancy and immaturity unqualified	9	—	9
Senility without mention of psychosis	—	11	11
Suicide and self-inflicted injury	—	3	3
Motor vehicle accidents	—	12	12
Accidents in the home	1	11	12
Other violence	—	10	10
	<hr/> 53	<hr/> 787	<hr/> 840 <hr/>

The following table gives the age period at which deaths occurred from cancer during the year 1960:-

<u>Age</u>	<u>No. of Deaths</u>	<u>% of Deaths</u>
1 - 14	1	.6
15 - 24	1	.6
25 - 34	4	2.4
35 - 44	6	3.8
45 - 54	21	13.0
55 - 64	42	26.1
65 - 74	46	28.5
75 - 84	34	21.2
85 and over	6	3.8

### Infant and Maternal Mortality

The following table shows infant mortality rates per 1,000 live births and the number of infant deaths since 1931:-

<u>Year</u>	<u>Total Live Births</u>	<u>Infant Deaths</u>	<u>Infant Mortality Rate</u>
1931	1,404	93	86)
1932	1,366	129	94)
1933	1,326	134	101)
1934	1,353	119	88)
1935	1,299	86	66)
1936	1,304	119	91)
1937	1,350	97	72)
1938	1,322	80	61)
1939	1,279	116	91)
1940	1,297	84	65)
1941	1,382	101	73)
1942	1,292	91	70)
1943	1,357	93	69)
1944	1,446	78	54)
1945	1,234	78	64)
1946	1,473	80	54)
1947	1,659	107	64)
1948	1,499	62	41)
1949	1,446	57	39)
1950	1,313	50	38)
1951	1,183	48	41)
1952	1,288	40	31)
1953	1,347	32	24)
1954	1,307	43	33)
1955	1,372	35	26)
1956	1,445	40	28)
1957	1,493	56	38)
1958	1,532	43	28)
1959	1,481	48	32)
1960	1,517	47	31)

There were 24 stillbirths during the year 1960 giving a stillbirth rate of 16 per 1,000 total births. The stillbirth rates since 1951 are as follows:—

1951	30)	
1952	32)	
1953	23)	
1954	23)	
1955	16)	24.8
1956	26)	
1957	22)	
1958	17)	
1959	18)	
1960	16)	19.8

The following table shows the maternal deaths and maternal mortality rate per 1,000 live births since 1931:—

<u>Year</u>	<u>No. of Maternal Deaths</u>	<u>Maternal Mortality Rate</u>	
1931	9	6.4)	
1932	12	8.5)	
1933	10	7.5)	
1934	10	10.3)	
1935	9	6.9)	7.9
1936	6	4.6)	
1937	7	5.2)	
1938	5	3.8)	
1939	2	1.5)	
1940	6	4.4)	3.9
1941	6	4.2)	
1942	4	2.9)	
1943	3	2.1)	
1944	4	2.6)	
1945	3	2.3)	2.8
1946	3	1.9)	
1947	2	1.2)	
1948	1	0.7)	
1949	3	2.0)	
1950	2	1.5)	1.5
1951	3	2.5)	
1952	1	0.8)	
1953	—	—)	
1954	1	0.76)	
1955	1	0.73)	0.96
1956	2	1.38)	
1957	1	0.67)	
1958	—	—)	
1959	3	2.02)	
1960	—	—)	0.81

## Births

During the year live births numbered 1,517 giving a birth rate of 20.7.

The following table shows the number of live births and birth rate since 1931:-

<u>Year</u>	<u>Total Live Births</u>	<u>Birth rate per 1,000 of Population</u>
1931	1,404	20.6)
1932	1,366	21.6)
1933	1,326	20.6)
1934	1,353	20.5)
1935	1,299	19.6) 20.58
1936	1,307	19.7)
1937	1,350	20.0)
1938	1,327	19.5)
1939	1,279	18.8)
1940	1,297	19.3) 19.46
1941	1,382	20.1)
1942	1,292	18.8)
1943	1,357	19.7)
1944	1,446	20.8)
1945	1,234	17.8) 19.44
1946	1,473	21.2)
1947	1,659	23.7)
1948	1,499	21.2)
1949	1,466	20.5)
1950	1,313	18.7) 21.06
1951	1,183	17.3)
1952	1,288	18.6)
1953	1,347	19.4)
1954	1,307	18.8)
1955	1,372	19.6) 18.74
1956	1,445	20.4)
1957	1,493	20.9)
1958	1,532	21.2)
1959	1,481	20.4)
1960	1,517	20.7) 20.72



## Marriages

The number of marriages in 1960 was 559 which gave the marriage rate of 7.6 per 1,000 of population.

The following table shows the number of marriages and marriage rate since 1931.

<u>Year</u>	<u>No. of Marriages</u>	<u>Marriage rate per 1,000 of Population</u>
1931	381	5.9)
1932	396	6.0)
1933	444	6.7)
1934	461	7.0)
1935	436	6.6) 6.44
1936	481	7.2)
1937	506	7.5)
1938	511	7.6)
1939	504	7.4)
1940	706	10.5) 8.04
1941	660	9.6)
1942	651	9.5)
1943	534	7.7)
1944	505	7.3)
1945	695	10.0) 8.82
1946	613	8.8)
1947	617	8.8)
1948	597	8.5)
1949	613	8.7)
1950	633	9.0) 8.76
1951	657	9.7)
1952	618	8.9)
1953	595	8.6)
1954	566	8.2)
1955	650	9.3) 8.94
1956	676	9.6)
1957	606	8.5)
1958	622	8.6)
1959	595	8.2)
1960	559	7.6) 8.5

# Tuberculosis

The following table gives the confirmed cases of tuberculosis in 1960 classified according to age group and sex incidence.

## Pulmonary

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Under 5 years	—	—	—
5 — 14 years	1	1	2
15 — 24 years	3	6	9
25 — 34 years	2	6	8
35 — 44 years	6	2	8
45 — 54 years	2	—	2
55 — 64 years	5	1	6
65 and over	—	1	1
	19	17	36

## Non Pulmonary

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Under 5 years	1	—	1
5 — 14 years	1	—	1
15 — 24 years	—	1	1
25 — 34 years	—	1	1
35 — 44 years	—	—	—
45 — 54 years	—	—	—
55 — 64 years	1	—	1
65 and over	1	1	2
	4	3	7

## Total Non Pulmonary and Pulmonary

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Under 5 years	1	—	1
5 — 14 years	2	1	3
15 — 24 years	3	7	10
25 — 34 years	2	7	9
35 — 44 years	6	2	8
45 — 54 years	2	—	2
55 — 64 years	6	1	7
65 and over	1	2	3
	23	20	43

The following table shows the number of cases of tuberculosis confirmed annually since 1931 -

Year	Pulmonary		Non Pulmonary		Total	
	Cases	Rate	Cases	Rate	Cases	Rate
1931	70	1.07	42	.64	112	1.71)
1932	74	1.13	51	.77	125	1.90)
1933	69	1.04	48	.72	117	1.76)
1934	67	1.00	53	.78	120	1.78)
1935	73	1.08	43	.64	116	1.72) 1.77
1936	71	1.09	51	.78	122	1.87)
1937	73	1.12	33	.50	106	1.62)
1938	65	.99	43	.65	108	1.64)
1939	74	1.13	40	.61	114	1.74)
1940	63	.96	37	.56	100	1.52) 1.68
1941	71	1.08	37	.56	108	1.64)
1942	99	1.40	36	.56	135	1.96)
1943	98	1.54	42	.66	140	2.20)
1944	112	1.76	34	.53	146	2.29)
1945	133	2.07	24	.37	157	2.44) 2.11
1946	168	2.52	32	.48	200	3.00)
1947	127	1.81	18	.25	145	2.06)
1948	131	1.85	15	.21	146	2.06)
1949	131	1.85	21	.29	152	2.14)
1950	168	2.40	29	.40	197	2.80) 2.41
1951	192	2.82	17	.25	209	3.07)
1952	138	2.02	23	.34	161	2.36)
1953	150	2.17	15	.22	165	2.39)
1954	123	1.78	22	.32	145	2.1)
1955	103	1.47	15	.21	118	1.69) 2.32
1956	86	1.2	7	.1	93	1.3)
1957	76	1.06	9	.13	85	1.19)
1958	99	1.4	12	.17	111	1.57)
1959	68	.94	6	.08	74	1.02)
1960	36	.49	7	.09	43	.58) 1.13

There were 656 persons resident in the Burgh of Motherwell and Wishaw known to be suffering from tuberculosis at 31st December, 1960. These are classified according to age and sex as shown in the following table. The pulmonary cases include persons suffering from pleurisy with effusion.

	Pulmonary		
	Male	Female	Total
Under 5 years	3	1	4
5 - 14 years	11	18	29
15 - 24 years	48	77	125
25 - 34 years	73	120	193
35 - 44 years	52	61	113
45 - 54 years	35	22	57
55 - 64 years	42	11	53
65 and over	25	7	32
	289	317	606

Non Pulmonary

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Under 5 years	1	—	1
5 — 14 years	1	4	5
15 — 24 years	6	12	18
25 — 34 years	3	6	9
35 — 44 years	6	3	9
45 — 54 years	2	1	3
55 — 64 years	2	1	3
65 and over	1	1	2
	22	28	50

Total Pulmonary and Non Pulmonary

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Under 5 years	4	1	5
5 — 14 years	12	22	34
15 — 24 years	54	89	143
25 — 34 years	76	126	202
35 — 44 years	58	64	122
45 — 54 years	37	23	60
55 — 64 years	44	12	56
65 and over	26	8	34
	311	345	656

Deaths from Tuberculosis

There were 6 deaths from tuberculosis during the year, 5 being respiratory and 1 non-respiratory, all of whom were notified over 2 years before death.

Age at Death

Under 5 years	—
5 — 14 years	—
15 — 24 years	—
25 — 34 years	—
35 — 44 years	4
45 — 64 years	1
65 and over	1

The following table shows the deaths and death rate per 1,000 of the population from tuberculosis since 1931 -

Year	Pulmonary		Non Pulmonary		All Tuberculosis		
	Deaths	Rate	Deaths	Rate	Deaths	Rate	
1931	29	.43	18	.27	47	.70)	
1932	27	.41	10	.15	37	.53)	
1933	42	.63	14	.21	56	.84)	
1934	30	.42	15	.25	43	.67)	
1935	39	.59	8	.12	47	.71)	.70
1936	34	.52	17	.25	51	.78)	
1937	39	.58	6	.09	45	.67)	
1938	33	.49	18	.27	51	.76)	
1939	46	.68	24	.35	70	1.03)	
1940	43	.67	12	.18	55	.85)	.82
1941	39	.60	17	.26	56	.86)	
1942	42	.65	12	.19	54	.84)	
1943	35	.55	14	.22	49	.77)	
1944	44	.69	18	.29	62	.98)	
1945	48	.75	12	.19	60	.94)	.88
1946	55	.83	13	.19	68	1.02)	
1947	62	.98	13	.18	75	1.07)	
1948	47	.67	10	.14	57	.81)	
1949	61	.86	6	.09	67	.95)	
1950	41	.59	11	.15	52	.74)	.92
1951	34	.50	6	.09	40	.59)	
1952	19	.28	2	.02	21	.30)	
1953	18	.26	5	.07	23	.33)	
1954	13	.19	3	.04	16	.23)	
1955	10	.14	2	.03	12	.17)	.32
1956	16	.23	1	.01	17	.24)	
1957	11	.15	—	—	11	.15)	
1958	10	.14	3	.04	13	.18)	
1959	6	.08	3	.04	9	.12)	
1960	5	.07	1	.01	6	.08)	.15

Hospital Accommodation —

Respiratory Tuberculosis

The following table indicates the number of patients who received institutional treatment during the year —

	In Hospital on January 1st	Admitted during Year	Discharged during Year	Died in Hospital	In Hospital on December 31st
Under 15 years					
Male	—	4	3	—	1
Female	3	5	5	—	3
15 — 45 years					
Male	12	18	22	—	8
Female	1	32	29	1	3
45 years and over					
Male	6	20	19	2	5
Female	4	3	6	—	1
	26	82	84	3	21



### Non Respiratory Tuberculosis

	<u>In Hospital on January 1st</u>	<u>Admitted during Year</u>	<u>Discharged during Year</u>	<u>Died in Hospital</u>	<u>In Hospital on December 31st</u>
Under 15 years					
Male	—	—	—	—	1
Female	2	—	1	—	1
15 — 45 years					
Male	1	3	4	—	—
Female	—	4	2	1	1
45 years and over					
Male	—	1	1	—	—
Female	1	1	1	—	1
	4	9	9	1	4

### MENTAL HEALTH SERVICE

Statement showing number of mentally ill and mentally handicapped patients dealt with under the mental deficiency and lunacy acts for year ended 31st December, 1960.

#### (A) MENTALLY ILL

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Number of Patients as at 1st January, 1960	110	102	212
Added during year	51	79	130
	161	181	342
Ceased during year —			
	<u>Males</u>	<u>Females</u>	
By Death	6	8	
By Discharged Recovered	9	18	
By Discharged at own request	34	47	
By Ceased otherwise	3	4	
	52	77	129
Number of Patients as at 31st December, 1960	109	104	213
<u>OF WHOM:—</u>			
Boarded-out in Private Dwellings including			
Patients liberated on probation	4	4	8
In Hartwood Mental Hospital	105	97	202
In Hawkhead Mental Hospital	—	1	1
In licensed Wards of Institutions	—	2	2
	109	104	213

(B) MENTALLY HANDICAPPED

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Number of Patients as at 1st January, 1960	47	47	94
Added during year	2	—	2
	49	47	96
Ceased during year —			
	<u>Males</u>	<u>Females</u>	
By Death	—	—	
By Dismissal	—	—	
Number of Patients as at 31st December, 1960	49	47	96

OF WHOM:—

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Boarded-out in Private Dwellings including			
Patients liberated on Licence	20	14	34
In Birkwood Certified Institution	8	10	18
In Kirklands do.	13	12	25
In Larbert do.	3	1	4
In Lennox Castle do.	3	2	5
In St. Aiden's do.	2	—	2
In St. Charles' do.	—	4	4
In St. Joseph's do.	—	2	2
In Waverley Park do.	—	1	1
In Coathill Hospital do.	—	1	1
	49	47	96

Factories Act, 1937 to 1960

<u>Premises</u>	<u>Number on Register</u>	<u>Inspections</u>	<u>Number of Written      Occupiers Notices      Prosecuted</u>	
(1) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	31	—	—	—
(2) Factories not included in (1) in which Section 7 is enforced by the Local Authority	266	89	—	—
(3) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises)	8	13	—	—
	<hr/> 305	<hr/> 102	<hr/> —	<hr/> —

The following table gives particulars of the defects which were found —

<u>Particulars</u>	<u>Found</u>	<u>Remedied</u>	<u>Referred to H.M. Inspector</u>	<u>By H.M. Inspector</u>	<u>Number of cases in which Prosecutions were instituted</u>
Sanitary Conveniences (S.7)					
Unsuitable or defective	2	2	—	2	—
	<hr/> 2	<hr/> 2	<hr/> —	<hr/> 2	<hr/> —

## ANNUAL REPORT BY THE SENIOR DENTAL OFFICER

### Dental Arrangements during 1960

With the appointment of a second dental officer in December 1959, the dental clinics at Motherwell and Wishaw were operated for the first time on a full-time basis. Sessions were therefore doubled, and in each clinic, two sessions per week were made available for the inspection of new cases and eight sessions per week were devoted to actual treatment. As before, part of the Tuesday morning session at Wishaw and the Wednesday morning session at Motherwell was reserved for the extraction of teeth under general anaesthesia. Identical services thus existed in both of the Town Council's Dental Clinics.

### Inspection of Patients

As stated in earlier reports, the policy has always been to concentrate on routine examination of expectant mothers as this group provides the first contact with the other groups in the Priority Classes. For this reason, the two inspection sessions, which were made available to patients, were arranged to coincide with the ante-natal clinics which were held twice weekly in both clinics. In this way it was hoped that all these expectant mothers would receive a dental inspection as a routine part of their ante-natal examination, and although every effort was made to ensure that they did so, 25% failed to present themselves for an oral examination. There will however always be a proportion of mothers who will resist any dental advice or interference until necessity compels them to do so.

Midwives engaged in domiciliary confinements and clinic consultations were asked to refer patients for routine dental examination at these inspection sessions, and Health Visitors engaged in home visiting did valuable work in encouraging both nursing mothers and their pre-school children to be dentally examined on these days.

As a result of this co-operation and effort twice as many expectant mothers, 25% more nursing mothers, and 50% more pre-school children were dentally examined in 1960 compared with 1959.

### Sources of Patients

The following table provides details of the various sources of patients inspected during the year. Under "Nursing Mothers" who attended of their own choice, are included those mothers who, having commenced or completed treatment in the Ante-natal period, returned for inspection and treatment in the Post-natal period.



Sources of Patients Inspected During the Year

<u>Sources</u>	<u>Expectant Mothers</u>	<u>Nursing Mothers</u>	<u>Pre-School Children</u>
Child Welfare and Ear, Nose and Throat Clinics	—	—	2
Ante-natal and Post-natal Clinics	647	2	—
Health Visitors and Midwives	42	42	90
General Medical and Dental Practitioners	1	7	14
Patients' own choice	39	259	309
	<hr/> 729	<hr/> 310	<hr/> 415

Patients' decisions as to future treatment were classified as follows at their initial inspection.

	<u>Expectant Mothers</u>	<u>Nursing Mothers</u>	<u>Pre-School Children</u>
No treatment required	39	1	73
Treatment at Dental Clinics accepted	440	302	315
Treatment by General Dental Practitioner preferred	123	2	2
Treatment refused	127	5	25
	<hr/> 729	<hr/> 310	<hr/> 415

The above table is not necessarily accurate as patients who accepted treatment when first seen, subsequently did not return to have treatment and conversely, patients who refused treatment in the first instance, returned for treatment.

The precise number of patients actually treated was as follows:—

	<u>Expectant Mothers</u>	<u>Nursing Mothers</u>	<u>Pre-School Children</u>
Number actually treated	419	286	303

Treatment carried out during the year

Details of the inspections carried out and a summary of the work done on those patients who attended the Dental Clinics can be shown by means of the following tables:-

(1) Inspections

Expectant Mothers		Nursing Mothers		Pre-school Children							
				- 2 yrs.		2-3 yrs.		3-4 yrs.		4-5 yrs.	
TR	NTR	TR	NTR	TR	NTR	TR	NTR	TR	NTR	TR	NTR
690	39	309	1	38	34	89	21	110	12	105	6

TR - treatment required

NTR - no treatment required

(2) Treatment

	Extracts		No. of General Anaesthetics administered	Fillings		Teeth treated with silver nitrate	Inlays	Crowns	Scalings	Other Treatments	Total Attendances
	Local Anaesthetic	General Anaesthetic.		Synthetic	Amalgam						
Expectant Mothers	105	524	109	240	1031	-	5	1	188	331	2060
Nursing Mothers	121	928	106	187	628	-	11	3	140	935	1981
Pre-school Children	8	444	145	13	544	550	-	-	-	214	1115
TOTALS	234	1896	360	440	2203	550	16	4	328	1480	5156

(3) The following table shows in detail the denture work which was carried out -

	DENTURES					REMODELS			REPAIRS		
	Upper	Lower	Partial		No. of Persons supplied	Upper	Lower	Partial	Upper	Lower	Partial
			Upper	Lower							
Expectant Mothers	23	14	26	16	52	1	1	-	1	-	2
Nursing Mothers	123	92	32	26	160	2	2	-	4	2	-
TOTALS	146	106	58	42	212	3	3	-	5	2	2



### Expectant Mothers

Of the expectant mothers who were dentally examined at the clinics during the year, 95% required treatment. Of these 64% elected to have treatment at the clinics, 18% were actually attending or proposed attending a general dental practitioner, and 18% refused dental treatment. Of those accepting treatment, 95% actually received treatment. Only 44% however were made dentally fit before their confinement, due in many cases to a prejudice to receiving conservative treatment following the extraction of teeth for the relief of pain, but in the main, to failure on the part of the mother to seek dental attention in the early months of her pregnancy so that insufficient time was available before her confinement to enable dental treatment to be carried out. The earliest possible routine dental inspection of expectant mothers is therefore desirable, and yet, in spite of such facilities being made available during the year, many mothers deliberately delayed, and 25% even evaded this vital part of their ante-natal care. It is important, therefore, in the absence of a National Dental Health Campaign, that all those connected with ante-natal care should stress the importance of good dental health to the mother in her own interest and in that of her unborn child.

### Nursing Mothers

52% of the nursing mothers inspected during the year had not received a dental examination during the ante-natal period and were seeking dental attention for the first time. Of these, every one required treatment. Of the remainder who had already been seen and in most cases treated before their confinement, all but 1 required dental attention. Where the mother had completed dental treatment before the birth of her child little attention was necessary but as the majority being seen for the first time as nursing mothers many teeth were extracted which might otherwise have been saved. In many cases complete clearance of the mouth was the only course of treatment possible. In fact, 32% of all the nursing mothers treated, required to be fitted with both full upper and lower dentures, and a further 24% required to be fitted with single full dentures or partial dentures. Undoubtedly the mother who has her child at home, and has had no contact during the ante-natal period with the clinic services and in particular the routine dental inspections afforded the ante-natal clinic patient, is the main defaulter in this respect. In spite of the efforts of the midwives and health visitors engaged in domiciliary confinements to persuade mothers to have a dental examination early in their pregnancy, these mothers represented only 6% of the total expectant mothers dentally examined in 1960.

With the establishment in the near future of the general practitioner/midwife ante-natal clinics in the new co-ordinated maternity services scheme as recommended in the Montgomery Report, it is anticipated that access to this hitherto elusive group of mothers will be facilitated in that a routine dental inspection will be extended to them early in their confinement.

### Provision of Dentures

During the year 1960, 12% of the expectant mothers and 56% of the nursing mothers, who received dental treatment at the clinics, were fitted with a denture or dentures. A total of 352 new dentures were supplied free of charge to 212 patients. Although more teeth are lost due to periodontal disease than to actual decay it should



be continually emphasised by all those associated with maternity services that adherence to simple oral hygiene together with regular dental inspection would go a long way to reducing this toll of diseased natural teeth. While so many young mothers continue to be prejudiced against having conservative treatment, it may yet be that the addition of fluorine to the public water supply will be the most effective measure in controlling the upward trend of dental disease.

### Pre-school Children

There was a 50% increase in the number of pre-school children dentally inspected during the year. Of the total number examined 18%, compared with 7% in 1959, required no dental attention. As in the previous year 69% of those seen had had no previous dental treatment, but as the mother, in 28% of the cases seen, had herself received or was receiving dental treatment, many children were brought for a dental examination at an earlier age. It is interesting to compare the results of the examinations of the total children seen. Under 2 years of age, 47% were dentally fit, aged 2-3 years only 19%, aged 3-4 years 10%, and aged 4-5 years only 5%. It would appear that the pre-school child's teeth are most vulnerable to decay between the ages of two and three. This fact is strongly emphasised to mothers during the course of their own dental treatment at the clinics, and mothers are also taught by the Health Visitor to realise the importance of the temporary dentition to the child, as early loss of the second temporary molar in particular often causes irregularity in the permanent dentition. As a result many children are being brought from the age of two and regularly every 4-6 months thereafter for dental inspection and treatment.

### Acknowledgements

I should like to thank members of the Town Council and in particular, members of the Health Committee, the Medical Officer of Health, and the staff of the Health Department for their co-operation in promoting the expansion of the Town Council's dental service.









